			- PERISI	TRAN	ISMITTAL					/
- 割	this form, together wit	•		<u>ail</u>	Mail Stop ISSUI Commissioner fo	E FEE or Pate	nts			
APR 1 3 2005 III					P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000					
INSTRUCTIONS This for	orm should be used for tran	smitting the ISSU			` '	ired). Bl	ocks 1	through :	5 should	i be completed whe
ippropriate. All further co indicated muless corrected maintenance fee notificatio	orm should be used for tran prespondence including the l below or directed otherwise ons.	Patent, advance or in Block 1, by (a	ders and notific) specifying a	cation on new co	of maintenance fees v rrespondence address	will be m ; and/or	nailed to (b) indi	the curre ating a s	ent corre eparate	espondence address "FEE ADDRESS" f
CURRENT CORRESPONDEN	CE ADDRESS (Note: Use Block 1 for	any change of address)]	Note: A certificate of Fee(s) Transmittal. Th	mailing	can onl	y be used	d for do	mestic mailings of t
31780 7	7590 02/15/2005			}	papers. Each addition have its own certificat	e of mail	ing or tr	ansmissio	n.	i ioimai diawing, iii
ERIC ROBINSO PMB 955	ON]	Ce hereby certify that the states Postal Service	rtificate	of Maili Transn	ng or Tr	ansmiss eing dep	ion posited with the Unit
21010 SOUTHBA POTOMAC FALI				1	hereby certify that the States Postal Service addressed to the Mairansmitted to the USF					
14/2005 DEMMANU2 00000042 10089939					Rose M. Fichtel					(Depositor's nam
FC:1501 FC:8001	1400.00 BP 30.00 BP			ŀ	Apr	$\frac{yy}{i1}$	$\frac{c}{1}$	2005	TP.	(Signatur (Dat
APPLICATION NO.	FILING DATE		FIRST NAMED	INVENT			NEY DO	CKET NO). C	ONFIRMATION NO.
10/089,939										1679
TITLE OF INVENTION: N	METHOD AND APPARATU	S FOR INTERPO	LATING DIGI	TAL SI	GNAL			•		,
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE T	PUI	BLICATION FEE	тот	AL FEE	S) DUE		DATE DUE
nonprovisional	NO	\$1400)		\$0	<u> </u>	\$140)		05/16/2005
EXAN	ART UNIT C		CL	LASS-SUBCLASS						
NGO, CHUONG D		2124			708-313000	_				
	e address or indication of "Fe	e Address" (37	2 For printin	ng on th	ne patent front page, li	ist	_	Eric	. J.	Robinson
 Change of correspondent CFR 1.363). 	ce address of maleadon of Tr	`	_	-	to 2 registered	nt 0440—-	,,, I			
CFR 1.363).		Correspondence	(1) the name or agents OF	es of up R, altern	•		·	Robir	son	Intelled
CFR 1.363). Change of corresponded Address form PTO/SB/1	dence address (or Change of 0 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use		(1) the name or agents OF	es of up R, altern e of a si ttorney patent a	natively, ngle firm (having as a or agent) and the name attorneys or agents. If	a membe	ra 2		nson	Intelled
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	dence address (or Change of 6 22) attached.	tion form of a Customer	(1) the name or agents OF (2) the name registered at 2 registered listed, no name	es of up R, altern e of a si ttorney patent a me will	natively, ngle firm (having as a or agent) and the nam attorneys or agents. If be printed.	a membe	ra 2	Robin	nson	Intelled
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND	dence address (or Change of 0 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	tion form of a Customer E PRINTED ON T	(1) the name or agents OF (2) the name registered at 2 registered listed, no nar	es of up R, altern e of a si ttorney patent a me will print or	ngle firm (having as a por agent) and the name attorneys or agents. If be printed.	a membernes of up	ra 2 to 1 is 3	Robin Prope P.C.	nson erty	Intellec Law Offi
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND	dence address (or Change of 0 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B is an assignee is identified be in 37 CFR 3.11. Completion of	tion form of a Customer E PRINTED ON T low, no assignee of this form is NOT	(1) the name or agents OF (2) the name registered at 2 registered listed, no nar THE PATENT (data will appea of a substitute fo	es of up R, altern e of a si ttorney patent a me will print or ar on the or filing	ngle firm (having as a por agent) and the name attorneys or agents. If be printed.	a member nes of up no name	ra 2 to I is 3	Robin Prope P.C.	nson erty	Intellec Law Offi
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	dence address (or Change of 0 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B is an assignee is identified be in 37 CFR 3.11. Completion of	tion form of a Customer E PRINTED ON T low, no assignee of this form is NO1 (B	(1) the name or agents OF (2) the name registered at 2 registered listed, no nar THE PATENT (data will appea of a substitute fo	es of up R, altern e of a si ttorney patent a me will print or ar on the or filing	natively, ngle firm (having as a por agent) and the nam attorneys or agents. If be printed. type) e patent. If an assignan assignment.	a member nes of up no name nee is ide	ra 2 to 1 is 3	Robin Prope P.C.	nson erty	Intellec Law Offi
CFR 1.363). Change of correspond Address form PTO/SB/1 Fee Address indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Kabus	dence address (or Change of 0 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B an assignee is identified be n 37 CFR 3.11. Completion of IEE	tion form of a Customer E PRINTED ON T low, no assignee of this form is NOT (B	(1) the name or agents OF (2) the name registered at 2 registered listed, no nar THE PATENT (data will appea of a substitute fo) RESIDENCE	es of up. R, altern R, altern R, altern e of a si ttorney patent a me will print or ur on the or filing	ngle firm (having as a cor agent) and the nam attorneys or agents. If be printed. type) e patent. If an assign an assignment. and STATE OR CO	a member nes of up no name nee is ide UNTRY)	ra 2 to 1 is 3	Robin Prope P.C.	nson erty	Intellec Law Offi
CFR 1.363). Change of corresponded the corresponded to the corres	dence address (or Change of C22) attached. attion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion of the Carlotte Shiki Kaisha	tion form of a Customer E PRINTED ON T low, no assigned of this form is NOT (B Kenwood ries (will not be pri	(1) the name or agents OF (2) the name registered at 2 registered listed, no nather than 10 the PATENT (data will appear a substitute for particular than 10 the pate of the p	es of up. R, altern e of a sittorney patent a me will print or ar on the or filing :: (CITY ent): ee(s):	ngle firm (having as a cor agent) and the name attorneys or agents. If be printed. Type) e patent. If an assignan assignment. Tokyo, Individual	a member les of up no name nee is ide UNTRY) Japa orporatio	ra 2 to 1 is 3	Robin Prope P.C.	nson erty	Intellec Law Offi
CFR 1.363). Change of correspond Address form PTO/SB/1 Fee Address" initial PTO/SB/147; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Kabus Please check the appropriate a. The following fee(s) are	dence address (or Change of C22) attached. atton (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion of IEE Shiki Kaisha e assignee category or category enclosed:	tion form of a Customer E PRINTED ON T low, no assigned of this form is NOT (B Kenwood ries (will not be pri	(1) the name or agents OF (2) the name registered at 2 registered listed, no nar THE PATENT (data will appear a substitute for) RESIDENCE inted on the pate. Payment of Fe	es of up. R, alterner of a sittomery of the sittemery of	ngle firm (having as a cor agent) and the name attorneys or agents. If be printed. Type) e patent. If an assignan assignment. Tand STATE OR CO Tokyo, Individual	a memberates of up into name nee is ide UNTRY) Japa orporatio	ra 2 to 1 is 3 entified	Robin Prope P.C.	nson erty	Intellec Law Offi
CFR 1.363). Change of correspond Address form PTO/SB/1 The Address form In Its form PTO/SB/1 The Address form PTO/SB/1 The Ad	dence address (or Change of G 22) attached. Ition (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion of IEE Shiki Kaisha e assignee category or category enclosed: small entity discount permitte	tion form of a Customer E PRINTED ON T low, no assignee of this form is NOT (B) Kenwood ries (will not be pri	(1) the name or agents OF (2) the name registered at 2 registered listed, no nar THE PATENT (data will appear a substitute for) RESIDENCE inted on the pate. Payment of Fe A check in Payment by	es of up R, alterned of a sittomery of a sittomery of a sittomery of the control	ngle firm (having as a cor agent) and the name attorneys or agents. If be printed. Type) e patent. If an assignan assignment. Tokyo, Individual Count of the fee(s) is encard. Form PTO-2038	a membera so fup ino name nee is ide UNTRY) Japa orporatio neclosed. 8 is attack	ra 2 to 1 is 3 entified	Robir Prope P.C.	e docum	Intellec Law Offi
CFR 1.363). Change of corresponded Address form PTO/SB/1 Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required. Change NAME AND PLEASE NOTE: Unless recordation as set forth in the secondation as sec	dence address (or Change of G 22) attached. attion (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified be an 37 CFR 3.11. Completion of IEE Shiki Kaisha e assignee category or category enclosed: small entity discount permitte f Copies	tion form of a Customer E PRINTED ON T clow, no assignee of this form is NOT (B) Kenwood ries (will not be pri 4b d)	(1) the name or agents OF (2) the name registered at 2 registered listed, no nar HE PATENT (data will appear a substitute for) RESIDENCE inted on the pate inted on the pate Payment of Fe A check in Payment by The Direct Deposit Account	es of up. R, alterner of a sittomery	ngle firm (having as a cor agent) and the name attorneys or agents. If be printed. Type) e patent. If an assignan assignment. I and STATE OR CO Tokyo, Individual Count of the fee(s) is encard. Form PTO-2038 are by authorized by count of the feey authorized by count of the feet aut	a member les of up no name lee is ide UNTRY) Japa orporatio aclosed. 8 is attack harge the	n or oth	cobir rope color c	group e	Intellectaw Offi Law Offi ment has been filed f mitty Government it any overpayment, of this form).
CFR 1.363). Change of corresponded Address form PTO/SB/1 The Address form PTO/SB/1 The Address form PTO/SB/1 The Address form PTO/SB/1 Number is required. B. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Kabus Please check the appropriate la. The following fee(s) are Issue Fee Publication Fee (Nose Advance Order - # of the Advance Order - # of the Advance Order - # of the Advance of the Issue See Advance Issue See Advance Order - # of the Advance Order - # of the Advance Order - # of the Advance Issue See Advance Issue See Advance Order - # of the Advance Issue See Issue	dence address (or Change of 0 22) attached. attion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion of the completion of t	tion form of a Customer E PRINTED ON T low, no assignee of this form is NOT (B Kenwood ries (will not be pri 4b d) 37 CFR 1.27.	(1) the name or agents OF (2) the name registered at 2 registered listed, no nar HE PATENT (data will appear a substitute for a substitute for a substitute for a substitute for a payment of Fe A check in Payment by The Direct Deposit Accou	es of up. R, alterner of a sittomery patent a me will print or ur on the or filing c: (CITY eent): ee(s): the among y credit tor is he and the number of the	ngle firm (having as a cor agent) and the name attorneys or agents. If be printed. Type) e patent. If an assignan assignment. Individual Count of the fee(s) is erecard. Form PTO-2036 and patents and state of the feety authorized by count of the feety authorized	a member les of up no name lee is ide UNTRY) Japa orporatio aclosed. 3 is attack harge the	r a 2 to 1 is 3. Intified in n or oth hed.	cobir rope C. C. Delow, the er private defee(s), se an extra	group e	Intellectaw Offi Law Offi ment has been filed for the form overpayment, of this form).
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Kabus Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (Nose Advance Order - # of the condense o	dence address (or Change of 22) attached. attion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Be as an assignee is identified be an 37 CFR 3.11. Completion of the same assignee category or category enclosed: Shiki Kaisha e assignee category or category enclosed: small entity discount permitter of Copies 10 6 (from status indicated above the same assignee category or category enclosed: small entity discount permitter of Copies 10 6 (from status indicated above the same assignee category or category or category enclosed:	tion form of a Customer E PRINTED ON T low, no assignee of this form is NOT (B Kenwood ries (will not be pri 4b d) 37 CFR 1.27.	(1) the name or agents OF (2) the name registered at 2 registered listed, no nar HE PATENT (data will appear a substitute for a substitute for a substitute for a substitute for a payment of Fe A check in Payment by The Direct Deposit Accou	es of up. R, alterner of a sittomery patent a me will print or ur on the or filing c: (CITY eent): ee(s): the among y credit tor is he and thur	ngle firm (having as a cor agent) and the name attorneys or agents. If be printed. Type) e patent. If an assignan assignment. Individual Count of the fee(s) is erecard. Form PTO-2036 and patents and state of the feety authorized by count of the feety authorized	a member les of up 'no name nee is ide UNTRY) Japa orporatio aclosed. B is attack harge the LL ENTI y paid issistered at	r a 2 to 1 is 3 mentified in n or oth hed. TY stat sue fee t torney of the state o	cobir rope C. C. Delow, the er private defee(s), se an extra	group e or credical copy of CFR 1. lication or the asset	Intellectaw Offi Law Offi ment has been filed for the file of the form. 27(g)(2). identified above. signee or other party

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.